

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10620497

FILING DATE

APPLICANT(S)

9-16-05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		2		2		
22	1		1			
23		1		1		
24		1		1		
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48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	11		11			
TOTAL CLAIMS	14		14			

  

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						